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CONFIRMATION NO. 3773

<b>SERIAL NUMBER</b> 10/028,997	<b>FILING OR 371(c) DATE</b> 12/20/2001 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 015358-006800US
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 DR

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 DR

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/31/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 77	<b>INDEPENDENT CLAIMS</b> 13
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>DR</i>				

## ADDRESS

20350

## TITLE

Automatic image placement and linking

<b>FILING FEE RECEIVED</b> 2736	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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